

Candidate Intention

Type or Print in Ink

CANDIDATE INTENTION

Check One: ☒ Initial ☐ Amendment ☐ Termination

CALIFORNIA
1991 FORM **501**

Office Use Only

I Candidate Information

FULL NAME OF CANDIDATE: (LAST, FIRST, MIDDLE)

DeGrandmont, Marlon, Joseph

ADDRESS: (NO. AND STREET)

2410 Modoc Way

AREA CODE/DAYTIME PHONE

(209) 363 1276

CITY

Lodi

STATE

Ca.

ZIP CODE

95242

SPECIFIC OFFICE:

member city council

DISTRICT NUMBER

DATE OF ELECTION

City of Lodi

JURISDICTION AND LOCATION

☐ State

☐ County of: _____

☒ City of: Lodi

☐ Multi-County Jurisdiction _____

III Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Aug. 9

DATE

At Lodi Ca.

CITY AND STATE

By Marlon DeGrandmont

SIGNATURE OF CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977 SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

91 60506

State of California Fair Political Practices Commission.

mailed 8/10/92

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